



**ISSUANCE OF ELECTRONIC UNITS
IN LIEU OF LOST / STOLEN OR DESTROYED UNIT CERTIFICATES**

NIT-K

DATE (DD / MM / YY):

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I/We, the undersigned, confirm that the under mentioned Unit Certificate(s) standing in my / our name(s), have been lost / stolen / destroyed on _____ due to / because of _____ (specify date and circumstance under which they were lost, stolen or destroyed) and request to issue me / us Electronic Units in lieu thereof.

(Please tick appropriate box)

1. NI(U)T Fund 2. NIT Government Bond Fund 3. NIT Income Fund

UNIT HOLDER'S INFORMATION :

Account No.:

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 Branch : _____

No. of Physical Units: _____
(Specify No. of Units lost / stolen / destroyed)

Title of Account: _____

DETAILS OF PHYSICAL UNIT CERTIFICATES LOST / STOLEN / DESTROYED:

(and / or as per list attached)

Irrespective of account operating instructions, this form is to be signed by all the unit holders [i.e. Principal and Joint Unit Holder(s)].

	Details of Unit Holder(s)	Signature as per NIT Record	Verification (For Office Use Only)
Principal Unit Holder / Signatory No.1	Name:		
	CNIC:		
1st Joint Unit Holder / Signatory No. 2	Name:		
	CNIC:		
2nd Joint Unit Holder / Signatory No.3	Name:		
	CNIC:		
3rd Joint Unit Holder / Signatory No.4	Name:		
	CNIC:		
Company Name : (For Institutional Investors only)		NTN: _____	Stamp of the Institution

NOTE:
Please attach copies of CNIC of Unit Holder(s) and provide necessary information/documents in compliance to CDD/KYC Policy.

FOR OFFICIAL USE ONLY									
DATE (DD / MM / YY):	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								TIME: _____ : _____ AM / PM
Form reviewed and checked by:		Renewal No.: _____							
Branch Stamp & Signature of the Branch Manager / Authorized Official:									